



North Carolina Department of Health and Human Services

Pat McCrory
Governor

Richard O. Brajer
Secretary

Tamara Barnes, Interim Director
Child Development and Early Education

**Division of Child Development and Early Education
Public Request Form for Child Maltreatment Registry**

Pursuant to North Carolina General Statute 110-105.5, the Division of Child Development and Early Education as part of NC Department of Health and Human Services maintains a registry containing the names of all caregivers who have been confirmed by the Department of having maltreated a child in a child care facility pursuant to G.S. 110-105.3.

Instructions: At a minimum, the individual's full name, date of birth, and the last four digits of the social security number are required for your request to be completed. Your request will not be processed without this required information. Your request will be completed within two (2) weeks of receipt of this form.

Submit completed request to:

Mail: Division of Child Development and Early Education **OR Fax:** (919) 715-0987
Attn: Maltreatment Registry
2201 Mail Service Center
Raleigh, NC 27699-2201

Individual Information

First name*: _____
Middle name*: _____
Last name*: _____
Maiden name: _____
Date of Birth*: _____
SSN* (last four digits): _____
Address: _____
City/State/Zip Code: _____

(* indicates required information)

Requestor's Information

Full Name: _____
Business Name (if applicable): _____
Mailing Address: _____
City/State/Zip Code: _____

Date of request: _____

DCDEE Staff Use Only:

The Division determined that the above named individual _____ is/ _____ is not on the Child Maltreatment Registry.

_____ Request contained incomplete/illegible information
_____ Request received on _____
_____ Request completed on _____

Completed by: _____
Printed Name/Signature/Title

www.ncdhhs.gov • www.ncchildcare.nc.gov

Tel 919-527-6335 • Fax 919-715-1012

Location: 820 South Boylan Avenue • Raleigh, NC 27603

Mailing Address: 2201 Mail Service Center • Raleigh, NC 27699-2200

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